

Foster Family Home - Corrective Action Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-4

91-1011A Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/19/2019 End Date:

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

Jackie Chamberlain RN
Compliance Manager

Jimmy S. Smith
Primary Care Giver

11/19/19.
Date

11/19/19
Date